

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF
UNITED STATES OF AMERICA

RECEIVED

COURT CASE NUMBER
2:05cr150-LSC

DEFENDANT
Ronnie Bennett Grissett, et. al.

2006 FEB 17 P 4:31

TYPE OF PROCESS
Preliminary Order Of Forfeiture

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Alabama Pathology Associates, P.C. c/o Tim Harmon, M.D. Registered Agent
 ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)
 1722 Pine Street; Suite 601; Montgomery AL 36106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285

1

UNITED STATES ATTORNEY OFFICE
JOHN T. HARMON, AUSA
P. O. BOX 197
MONTGOMERY AL 36101-0197

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

05-DEA-459655

Signature of Attorney other Originator requesting service on behalf of	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	(334) 223-7280	02/16/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>	Signature of Authorized USMS Deputy or Clerk <u>K. Charles</u>	Date <u>2/17/06</u>
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I hereby certify and return that have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (if not shown above)

RETURNED AND FILED

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

MAY - 2 2006

Date
4/27/06 Time
1:00 am
 pm

Signature of U.S. Marshal or Deputy
Michael D. Bates

Service Fee <u>\$45.00</u>	Total Mileage Charges including endeavors <u>\$4.45</u>	Forwarding Fee	Mobile Charges <u>\$49.45</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRIOR EDITIONS
MAY BE USED

PREVIOUS EDITIONS

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285

Rev. 12/15/80

Automated 01/00